

DATE RECEIVED \_\_\_\_\_ APPLICANT INTERVIEW DATE \_\_\_\_\_

**CHEATHAM COUNTY PLANNING DEPARTMENT  
CONCEPT REVIEW APPLICATION**

PHONE: (615) 792-7915 FAX: (615) 792-8872

[http://cheathamcountyttn.gov/countycontacts.htm#Building\\_Commissioner](http://cheathamcountyttn.gov/countycontacts.htm#Building_Commissioner)

INSTRUCTIONS: PLEASE TYPE OR PRINT (IN INK) ALL REQUESTED DATA .IF NOT APPLICABLE, PLEASE NOTE AS "NA" ON DESIGNATED LINE.

(Note: An incomplete application WILL delay the review process.)

PROPERTY OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUITE/APT: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

MAP # \_\_\_\_\_ PARCEL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

PROPERTY ZONING: \_\_\_\_\_ FLOOD ZONE: \_\_\_\_\_

IN GROWTH PLAN: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DESCRIPTION OF WORK:

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I HEREBY CERTIFY THAT I HAVE COMPLETED, READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS, ORDINANCES, POLICIES AND PROCEDURES GOVERNING THIS WORK SHALL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. ALL PARTIES INVOLVED IN THIS WORK SHALL COMPLY WITH ALL PROVISIONS OF LOCAL, STATE AND FEDERAL LAWS, ORDINANCES, POLICIES, PROCEDURES AND REGULATIONS. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER LOCAL, STATE OR FEDERAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. UPON PAYMENT OF ALL FEES, THIS APPLICATION BECOMES PART OF THE BUILDING PERMIT. THE PERMIT BECOMES NULL AND VOID IF THE AUTHORIZED WORK IS NOT COMMENCED WITHIN SIX MONTHS, OR IF THE WORK IS SUSPENDED OR ABANDONED FOR A CONTINUOUS PERIOD OF ONE YEAR (EIGHTEEN MONTHS FOR STRUCTURES LARGER THAN 4000 SQ. FT.) AT ANY TIME AFTER INITIAL COMMENCEMENT OF THE WORK. A NEW PERMIT AND APPLICABLE FEES ARE REQUIRED IN THESE CASES.

**IF THE APPLICANT IS NOT THE PROPERTY OWNER A NOTARIZED STATEMENT DESIGNATING A LEGALLY AUTHORIZED AGENT IS REQUIRED BEFORE APPLICATION APPROVAL OR ISSUANCE OF A PERMIT.**

SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_

\_\_\_\_OWNER \_\_\_\_AUTHORIZED REPRESENTATIVE

**SUBMIT TOGETHER WITH APPLICABLE EVIDENCE OF:**

\_\_\_\_CURRENT DEED  
\_\_\_\_SITE PLAN ( CAN DRAW ON PAGE 3 OR PROVIDE ATTACHMENT )  
\_\_\_\_NOTARIZED REPRESENTATIVE STATEMENT ( IF APPLICABLE )

**\*\*IF APPLICANT GOES BEFORE THE PLANNING COMMISSION -10 COPIES OF PRELIMINARY /FINAL PLAT AND/OR SITE PLAN WITH APPROVED CONCEPT REVIEW ATTACHED ARE DUE AT THE TIME APPLICATION IS SUBMITTED.**

PLAT REC'D\_\_\_\_\_ PLAT REVIEWED\_\_\_\_\_ PLAT APPROVED\_\_\_\_\_

**SUBMIT THE FOLLOWING ONLY IF APPLICABLE TO YOUR REQUEST:**

\_\_\_\_SUBSURFACE WASTE DISPOSAL PLAN & CERTIFICATE (SEPTIC TANK PERMIT)  
\_\_\_\_SEWER CONNECTION PERMIT  
\_\_\_\_DRIVEWAY CONNECTION PERMIT  
\_\_\_\_CONSTRUCTION PLANS  
\_\_\_\_SURVEY BOUNDARY & LEGAL DESCRIPTION

CONTRACTOR:\_\_\_\_\_ PHONE:\_\_\_\_\_  
ADDRESS:\_\_\_\_\_

ARCHITECT:\_\_\_\_\_ PHONE:\_\_\_\_\_  
ADDRESS:\_\_\_\_\_

ENGINEER:\_\_\_\_\_ PHONE:\_\_\_\_\_  
ADDRESS:\_\_\_\_\_

CONSTRUCTION VALUE: \$\_\_\_\_\_  
SQUARE FEET: \_\_\_\_\_(RESIDENTIAL)  
HEATED: \_\_\_\_\_(\$ 1.60 PER SQ. FT.) UNHEATED: \_\_\_\_\_ (\$ .60 PER SQ. FT.)

CLASS OF WORK:  
\_\_\_\_NEW \_\_\_\_ADDITION \_\_\_\_ALTERATION \_\_\_\_REPAIR \_\_\_\_FRAMING \_\_\_\_INTERIOR  
WALLS \_\_\_\_PLUMBING \_\_\_\_HVAC  
\_\_\_\_SINGLE FAMILY DWELLING \_\_\_\_MULTI-FAMILY RESIDENTIAL \_\_\_\_COMMERCIAL  
\_\_\_\_OTHER

**SITE PLAN \*INCLUDE DRIVEWAY, STRUCTURE, UTILITY  
(SEPTIC, ELECTRIC, WATER, SEWER, ETC) LOCATIONS,  
AND SETBACKS ON THIS SKETCH.**

